## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09770104.

| CLAIMS AS FILED - PART I (Column 1)                                                   |                                                                                                                                                                                                                                                                                                                     |                                           |              |              |                                 | nn 2)            |          | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|--------------|---------------------------------|------------------|----------|---------------------|------------------------|-------------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                                                                                                     |                                           | 30           |              |                                 |                  |          | RATE                | FEE                    | •                             | RATE                | FEE                    |  |
| FOR                                                                                   |                                                                                                                                                                                                                                                                                                                     |                                           | NUMBER FILED |              | NUMBER EXTRA                    |                  |          | BASIC FEE           | 355.00                 | OR                            | BASIC'FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                                                                                                                                                                                                                                                                                     |                                           | 30 minus 20= |              | • 10                            |                  |          | X\$ 9=              |                        | OR                            | X\$18=              | 180.00                 |  |
| INDEPENDENT CLAIMS                                                                    |                                                                                                                                                                                                                                                                                                                     |                                           | 3 minus 3 =  |              | . 0                             |                  |          | X40=                |                        | OR                            | X80=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |              |              |                                 |                  |          | +135=               |                        | OR                            | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter                              |                                                                                                                                                                                                                                                                                                                     |                                           |              |              |                                 | olumn 2          |          | TOTAL               |                        | OR                            | TOTAL               | 890.00                 |  |
| CLAIMS AS AMENDED - PART II                                                           |                                                                                                                                                                                                                                                                                                                     |                                           |              |              |                                 |                  | ٠        |                     |                        | •                             | OTHER               | THAN                   |  |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |              | (Column 2    |                                 | (Column 3)       | <u> </u> | SMALL               |                        | OR                            | SMALL               |                        |  |
| AMENDMENT A                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus        | **           |                                 | =                |          | X\$ 9=              |                        | OR                            | X\$18=              |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus        | ***          | T OL AINA                       | =                |          | X40=                |                        | OR                            | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                                                                                                                                                                                                                                                                                     |                                           |              |              |                                 |                  | J        | +135=               |                        | OR                            | +270=               |                        |  |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |              |              |                                 |                  |          | TÖTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     | <u>)</u>                                  |              |              |                                 |                  |          |                     |                        |                               |                     |                        |  |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS REMAINING AFTER AMENDMENT          |              | NUI<br>PREV  | HEST<br>MBER<br>YOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus        | **           |                                 | =                |          | X\$ 9=              |                        | OR                            | X\$18=              |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus        | ***          |                                 | ]=               | 4        | X40=                |                        | OR                            | X80=                |                        |  |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                           |              |              |                                 |                  | J        | +135=               |                        | OR                            | +270=               |                        |  |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |              |              |                                 |                  |          | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL               |                        |  |
|                                                                                       | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                           |              |              |                                 |                  |          |                     |                        |                               |                     |                        |  |
| AMENDMENT C                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUI<br>PREV  | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus        | **           |                                 | =                |          | X\$ 9=              |                        | OR                            | X\$18=              |                        |  |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus        | ***          | UT OL ALL                       | =                | 4        | X40=                |                        | OR                            | X80=                |                        |  |
| 匚                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                           |              |              |                                 |                  |          | +135=               |                        | OR                            |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                     |                                           |              |              |                                 |                  |          | TOTAL               |                        | 4                             | TOTA                | L                      |  |
|                                                                                       | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |              |              |                                 |                  |          |                     |                        |                               |                     |                        |  |